

McEachern United Methodist Weekday Preschool Enrollment Form

For Office Use Only:

Class: _____	Date: _____
Check #: _____	Reg. Fee: _____

All registration fees are nonrefundable

FOOD ALLERGY ALERT: _____

OTHER ALLERGIES: _____

Child's Name _____ **Sex** _____ **Birthdate** _____

Address _____ **City** _____ **Zip** _____

Is your child potty trained? _____ Children must be potty trained to attend preschool and lunch bunch.

Home Phone _____ **Email:** _____

Mother's Name _____ **Bsns. Phone No.** _____

Cell Phone No. _____ **Employer** _____

Father's Name _____ **Bsns. Phone No.** _____

Cell Phone No. _____ **Employer** _____

Family Church Preference _____

Parents' Marital Status: Married Separated Divorced Widowed

Child lives with _____

Please list siblings and their birthdates

1. _____ 3. _____

2. _____ 4. _____

I agree to pay my child's monthly tuition by the 10th of each month, August through April. Tuition not paid by this date will incur a \$10.00 late fee. Accounts with all McEachern programs must be paid in full to enroll in the weekday preschool program. Registration fees are nonrefundable.

Parent signature

Date

Additional people, other than parents, authorized to pick up child. These people may also be contacted in case of emergency if parents cannot be reached.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

**Please notify the preschool office immediately if there are any changes in your child's records.*

Personality: (some questions may not pertain to your child because of age)

Please list any other programs your child has previously attended or activities he/she has been involved in:

Please tell us a little about your child's personality. (Ex: agreeable, strong willed, shy, outgoing, etc.) Please note anything that may contribute to a better understanding of your child and his/her needs.

Does your child prefer one hand to the other? _____ If yes, which one? _____

Describe your child's status of speech? _____

Medical:

Does your child have any chronic or recurrent illnesses? _____

If you indicated on page 1 that your child has a food allergy, you must complete a "Food Allergy Action Plan" form which must be signed by a physician.

Immunization

The State Health Department requires that the school holds a copy of your child's immunization certificate. This certificate must be on file by the first day of school.

McEachern Memorial United Methodist Church
4075 Macland Road
Powder Springs, GA 30127
770-943-3008

Medical & Liability Release Form
Parent Permission/Release Form

Child's Name: _____ Birthdate: _____ Grade: _____

Address: _____ City/State: _____ Zip: _____

Home phone: _____

Mother's Name: _____ Cell: _____

Employer's Name: _____ Work phone: _____

Father's Name: _____ Cell: _____

Employer's Name: _____ Work phone: _____

Emergency Contact Name _____ Phone: _____

Authorization of Consent for Treatment of Minor

I, the undersigned parent or guardian of _____, a minor, do hereby authorize any duly Authorized employee, volunteer or other representative of the McEachern Memorial UMC, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician and surgeon, whether such diagnosis or treatment is rendered at the office of said physician and surgeon or at a clinic, hospital or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective from _____ to _____.

I, the undersigned, on behalf of myself and _____ (child's name), shall Indemnify, hold free and harmless, assume liability for and defend the McEachern Memorial UMC, its agents, servants, employees, officers and directors from any and all costs and expenses, including but not limited to attorneys' fees, reasonable investigative and discovery costs, court costs and all other sums, which the McEachern Memorial UMC, its agents, servants, employees, officers and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion or liability, or any claim or action found therein, arising or alleged to have arisen out of _____ (child's name)'s use of real or personal property belonging to the McEachern Memorial UMC, its agents, servants, employees, officers and directors, or by reason of _____ (child's name)'s participation in any McEachern Memorial UMC activity(ies).

Parent or Legal Guardian Signature _____ Date _____

Consent to Photo

I grant permission for my child's photograph or image to be published in print (newsletters, brochures, newspapers, etc.), video, or website in conjunction with the promotion of McEachern Memorial UMC. I understand that at no time will my child's partial or full name, or any identifying information, be attached to any material used in production.

Parent or Legal Guardian Signature _____ Date _____

Emergency/Medical Information

Child's full legal name: _____

Physician Name: _____ Phone: _____

Physician Address: _____

Insurance Company: _____ Policy #: _____

Name of Insured: _____ Ins. Company Phone: _____

Medical Information we should be aware of: _____

Allergies: _____

Will you allow blood transfusions? _____ Last Tetanus Imm. _____

Any special needs? _____

In case of emergency, I give permission for my child to be transported to _____
_____ hospital.

Signed: _____ Date: _____